## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

			or <u>Fax</u>	(571) 273-2885			
appropriate All further con	respondence including the P below or directed otherwise	atent advance or	ters and notification	of maintenance fees	uired). Blocks 1 through 5 sl will be mailed to the current s; and/or (b) indicating a sepa	correspondence address as	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must			
24131 7590 01/14/2005				have its own certificate of mailing or transmission.			
LERNER AND GREENBERG, PA P O BOX 2480 HOLLYWOOD, FL 33022-2480				Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
						(Depositor's name)	
						(Signature)	
						(Date)	
APPLICATION NO.	NO. FILING DATE FIRST NAMED IN		FIRST NAMED INVE	TTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/660,899	09/13/2000	Gemot Godl			GR 98 P 1320	7279	
•	CITLE OF INVENTION: METHOD OF GROUNDING A PHOTOBLANK TO A HOLDING DEVICE						
ITTLE OF INVENTION: M	ETHOD OF GROUNDING	A PHOTOBLAN	( TO A HOLDING)	DEVICE			
APPLN, TYPE	SMALL ENTITY	ISSUE FE	E P	UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
	NO	\$1400		\$0	\$1400	04/14/2005	
nonprovisional NO					7	3 W. I. W. Z. V. I.	
EXAMINER		ART UN	n   C	LASS-SUBCLASS	ا		
MATHEWS, ALAN A		2851		355-075000			
1. Change of correspondence address or indication of "Fee Address" (37  2. For printing on the patent front page, list  (1) the sames of up to 3 registered patent attorneys.							
Change of correspond Address form PTO/SB/12	or agents OR, alte	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a					
"Fee Address" indicat PTO/SB/47; Rev 03-02 o Number is required.	ion (or "Fee Address" Indica or more recent) attached. Use	tion form of a Customer	registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATENT (print	or type)			
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion of	low, no assignee of of this form is NOT	data will appear on I a substitute for filir	the patent. If an assig g an assignment.	mee is identified below, the d	ocument has been filed for	
(A) NAME OF ASSIGNEE INFINEON TECHNOLOGIES AGESIDENCE: (CITY and STATE OR COUNTRY)							
STMARTIN-STRASSE 53							
MUENCHEN, GERMANY 81669							
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🔘 Corporation or other private group entity 🔲 Government							
4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):							
$\sim$				mount of the fee(s) is enclosed.			
Publication Fee (No small entity discount permitted)  Advance Order - # of Copies The Director is hereby authorized by charge the required fee(s), or credit any overp						credit any overnavment to	
Advance Order - # or	Copies		Deposit Account No	mber	(enclose an extra c	opy of this form).	
	(from status indicated above MALL ENTITY status. See 3		☐ b. Applicant is n	o longer claiming SMA	ALL ENTITY status. See 37 C	FR 1.27(g)(2).	
The Director of the USPTO NOTE: The Issue Fee and Pointerest as shown by the reco	is requested to apply the Issu ublication Fee (if required) words of the United States Pate	e Fee and Publicat vill not be accepted nt and Trademark	ion Fee (if any) or to from anyone other to Office.	re-apply any previou han the applicant; a re	sly paid issue fee to the applica gistered attorney or agent; or the	ation identified above. he assignee or other party in	
Authorized Signature			Date				
Typed or printed name		n No					
Mickania ia, viiginia 22313-	1430.				the public which is to file (and minutes to complete, including comments on the amount of tit of Trademark Office, U.S. Dep SS. SEND TO: Commissioner the displays a valid OMB control of the public of the public of the public of the control of the public of the publ		

04/19/2005

00000386

1 <u>1501</u> \$1,400.00

04/18/2005

 $\mathbf{CC}$